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23419 7590 08/01/2007

COOLEY GODWARD KRONISH LLP
ATTN: Patent Group
Suite 500
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Washington, DC 20036-2402

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Dolores McKay

(Depositor's name)

Dolores McKay

(Signature)

October 5, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAME INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/643,633

08/18/2003

Fredrik Olsson

CY01-001 CHUS

4446

TITLE OF INVENTION: APPARATUS, SYSTEM, AND METHOD FOR PROTOCOL CONVERSION IN TRANSCEIVER MODELS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	11/01/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOAKYE, ALEXANDER O	2616	370-466000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.65)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47, Rev. 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) The names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Cooley Godward Kronish

3. ASSIGNEE NAME AND RESIDENT DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Cortina Systems, Inc.

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
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- ☐ A check is enclosed
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-1283** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Edward Van Cieson

Date

October 5, 2007

Typed or printed name

Edward Van Cieson

Registration No.

44,386

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